

**INDIVIDUALIZED EDUCATION PROGRAM: PRESENT LEVEL
OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (I-4)
CESA #7 _____ SCHOOL DISTRICT**

Name of Student _____

Describe the student's strengths and the concerns of the parents about the student's education.

Describe the student's present level of academic achievement and functional performance including how the student's disability affects his or her involvement and progress in the general education curriculum. For preschool children, describe how the disability affects involvement in age-appropriate activities. *(Note: Present level of performance must include information that corresponds with each annual goal)*

Will the student be involved full-time in the general education curriculum or, for preschoolers, in age-appropriate activities? Yes No

(If no, describe the extent to which the student will not be involved full-time in the general curriculum or, for preschoolers, in age-appropriate activities)

The student will participate in an alternate or replacement curriculum that is aligned with alternate achievement standards in: *(check all that apply)*

Reading Math Language Arts Science Social Studies
 Other *(specify)*:

SPECIAL FACTORS After consideration for special factors (behavior, limited English proficiency, Braille needs, communication needs including deaf/hard of hearing, and assistive technology), is there a need in any of the areas?

Yes No *(If yes or student has a visual impairment, attach I-5, "Special Factors" page)*